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CONFIRMATION NO. 5847

<b>SERIAL NUMBER</b> 10/665,008	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> WISC3004/JDB	
<b>APPLICANTS</b> Claude Michel Wischik, Aberdeen, UNITED KINGDOM; Charles Robert Harrington, Aberdeen, UNITED KINGDOM; Janet Elizabeth Rickard, Aberdeen, UNITED KINGDOM; David Horsley, Aberdeen, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/GB02/01318 03/20/2002 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0106953.3 03/20/2001					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/21/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Stegadis</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 54	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23364					
<b>TITLE</b> Neurofibrillary labels					
<b>FILING FEE RECEIVED</b> 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		